2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000086128

BLANDING COMMERCIAL, LLC



Principal Place of Business

Mailing Address

5851 TIMUQUANA RD., STE 301 JACKSONVILLE, FL 32210

5851 TIMUQUANA RD., STE 301 JACKSONVILLE, FL 32210

SECRETARY OF STATE TALLAHASSEE, FLORIDA

08 APR 25 PM 12: 14



04162008 No Chg-LLC DO NOT WRITE IN THIS SPACE

Applied For 4. FEI Number 20-3679894 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

CR2E083 (12/07)

6. Name and Address of Current Registered Agent

ATLEE, KENYON S 5851 TIMUQUANA RD., STE 301 JACKSONVILLE, FL 32210

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	The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,	in the State of Florida.	I am familiar with, and accept
	the obligations of registered agent.	•	
SI	GNATURE		

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

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9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR		
NAME	KENDALS G.P. INC.		
STREET ADDRESS	5851 TIMUQUANA RD., STE 301		
CITY-ST-ZIP	JACKSONVILLE, FL 32210		
TITLE			
NAME			
STREET ADORESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
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CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Lenyon